

# CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/816,099
Filing Date	03/31/2004
First Named Inventor	Varadi, Katalin
Art Unit	1652
Examiner Name	Kosson, Rosanne
Attorney Docket Number	PL.279.00 US

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with  
Customer Number:

**44183**

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 35,170
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

Typed or Printed  
Name

Janice Guthrie

Date

6/13/08

Telephone

805-372-4532

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.